



Substitute Form PTO-1595

Attorney Docket Number: 04585/044001

Certificate of Mailing: Date of Deposit February 19, 2003

I hereby certify under 37 C.F.R. § 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated above and is addressed to BOX ASSIGNMENT, Commissioner, United States Patent and Trademark Office, Washington, D.C. 20231.

Todd Armstrong
Printed Name

[Signature]
Signature of Person Mailing Correspondence

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

Please record the attached document.

1. Names of all conveying parties: Mark Marchionni Additional names attached: NO	2. Names and addresses of all receiving parties: CeNes Pharmaceuticals, Inc. Compass House, Vision Park Chivers Way, Histon Cambridge, CB4 9ZR Additional names/addresses attached: NO
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____ Execution Date: February 19, 2003	COPY
4. Application numbers or patent numbers: 1 A. Patent Application Numbers: 09/298,121	
5. Name and address of party to whom correspondence concerning document should be mailed: Kristina Bieker-Brady, Ph.D. Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559	6. Total number of applications/patents involved: 7. Total fee (37 C.F.R. § 3.41): \$40.00 <input checked="" type="checkbox"/> Fee enclosed <input type="checkbox"/> Authorized to charge deposit account 8. Deposit account number: 03-2095. If the fee above is being charged to deposit account, a duplicate copy of this cover sheet is attached. Please apply any additional charges, or any credits, to Deposit Account No. 03-2095.

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9. Statement and signature: *To the best of my knowledge and belief, the foregoing information is true and correct and the attached is the original document.*

Susan M. Michaud
Kristina Bieker-Brady, Ph.D.
Reg. No. 39,109

Susan M. Michaud Reg. No. 42885 2/19/03
Signature Date



21559

PATENT TRADEMARK OFFICE

ASSIGNMENT

For valuable consideration, I,

Full Name of Assignor	City	State (and Country if not USA)
Mark Marchionni	Arlington	MA

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
CoNee Pharmaceuticals, Inc.	ENGLAND	Compass House, Vision Park Chivers Way, Histon Cambridge, CB4 9ZR

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by me, identified as:

Title of Application	Filing Date	Serial Number
METHOD FOR TREATING CONGESTIVE HEART FAILURE	April 23, 1999	09/298,121

and I authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

COPY

IN WITNESS WHEREOF, I hereto set my hand and seal at
this ____ day of _____, 20__.

Mark Marchionni L.S.
Mark Marchionni

STATE OF Massachusetts:

ss.

COUNTY OF Middlesex:

Before me this 19 day of February, 2003, personally appeared Mark Marchionni
known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged
that he/she executed the same as his/her free act and deed for the purposes therein contained.



Leon Halperin
Notary Public

My Commission Expires: June 25, 2004

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